



Content Curriculum Alignment: Routes A-D

As defined by the NCBC, organizations and individuals offering training on IWBMC principles must ensure the content aligns with the set expectations so trainees receive content that targets the areas of competence required for the role(s). These parameters apply to individuals and organizations hosting training and have been verified by SMEs for training options offered via Route D.

	Provider Training	Evaluator Training
Training Offering Goal	Train participants to understand and implement the key components of the Provider role and apply the model's principles in various settings.	Train participants to understand and implement the key components of the Evaluator role and apply the model's principles in various settings, which includes all of the elements of the Provider role.
Recommended Delivery Method	In-person, online, or hybrid.	
Recommended Assessment Method(s)	Incorporate formative and cumulative assessments	
Recommended Teaching Method	Incorporate multisensory instruction to engage learners and promote the highest level of learning. Visual, auditory, and kinesthetic approaches are recommended.	

The following Content Curriculum applies to Provider and Evaluator training:

A. CLIENT GROUPS

Overview: Identify characteristics of common neurodevelopmental disorders, including autism spectrum disorder, emotional-behavioral-relational disorders, cerebral palsy, brain injury/stroke, genetic syndromes, intellectual and developmental delays, and learning differences, and differentiate between types, severity, and functional differences for diagnoses.

Minimum Content Duration: 3.5 hours

Learning Objectives:

- A.1 Identify characteristics of common neurodevelopmental disorders, including autism spectrum disorder, emotional-behavioral-relational disorders, brain injury (including cerebral palsy and stroke), genetic syndromes, intellectual and developmental delays, and learning differences.
- A.2 Identify levels of functioning and severity for common neurodevelopmental disorders, including autism spectrum disorder, emotional-behavioral-relational disorders, brain injury (including cerebral palsy and stroke), genetic syndromes, intellectual and developmental delays, and learning differences.
- A.3 Identify common comorbid diagnoses related to emotional-behavioral-relational disorders.
- Apply knowledge of commonly used supports for individuals with learning differences.

B. PRINCIPLES OF BRAIN-BASED METHODOLOGY

Identify and learn to implement common neurodevelopmental interventions, differentiate between afferent/input and efferent/output channels, and understand the role of sequential processing, working memory, and early reflex integration.

Minimum Content Duration: 2.5 hours

Learning Objectives:

- B.1 Define neuroplasticity.
- B.2 Apply knowledge of the relationship between neuroplasticity and neurological development.
- B.3 Apply knowledge of frequency, intensity, and duration within therapeutic interventions.
- B.4 Identify the basic anatomy of the brain and the basic functions of brain regions.
- B.5 Apply strategies related to feedback loop closure and therapeutic interventions.
- B.6 Apply knowledge of the relationship between cross-lateral movement and interhemispheric communication
- B.7 Apply knowledge of the benefits of cross-lateral activities to assist specific populations and implement activities that reinforce cross-lateral movement.

B.8 Identify the components of the Interpersonal Whole-Brain Model of Care (Spirit & Will, Neurodevelopmental, Physiological, Learning Style, Emotional-Behavioral-Relational, Social Structure, and Integration of the Whole Person) and their interconnectedness.

C. AREAS OF PRACTICE

Overview: Identify and learn to implement common neurodevelopmental interventions, differentiate between afferent/input and efferent/output channels, and understand the role of sequential processing, working memory, and early reflex integration.

Minimum content duration: 5 hours

Learning Objectives:

- C.1 Apply knowledge of afferent/input channels and efferent/output channels in relation to central nervous system dysfunction.
- C.2 Apply knowledge of neurological development through the implementation of therapeutic activities.
- C.3 Identify various responses to tactile, auditory, and vestibular stimulation.
- C.4 Implement therapeutic activities to address tactile responses, auditory and vestibular stimulation, visual processing, manual abilities, receptive and expressive language, gross motor abilities, auditory and visual sequential processing, auditory and visual working memory levels, and early reflex integration.
- C.5 Apply knowledge of the impact of proprioceptive awareness related to interactions within the environment.
- C.6 Identify client tonicities based on their presentation.
- C.7 Identify the importance of central macular and peripheral vision.
- C.8 Implement interventions to redirect engagement in tactile, auditory, vestibular, and visual maladaptive tendencies.
- C.9 Apply knowledge of the impact of neurological development on manual abilities and gross motor milestones.
- C.10 Identify components necessary for effective language development.
- C.11 Apply knowledge of basic anatomy to assist in the implementation of therapeutic activities.
- C.12 Use safe body mechanics when repositioning and transferring clients.
- C.13 Identify when and how to implement adapted client-specific communication modalities.
- C.14 Identify varying client presentations as related to auditory and visual sequential processing levels.
- C.15 Apply knowledge of early reflex integration and its role in development.

D. Emotional-Behavioral-Relational Approach

Overview: Identify socio-emotional readiness levels, proactive and therapeutic strategies, function(s) of behavior, principles of trauma-informed care, and how to implement a positive reinforcement approach to address maladaptive behaviors.

Minimum content duration: 3.5 hours

Learning Objectives:

- D.1 Assess client presentation and socio-emotional readiness level, then identify and implement corresponding therapeutic strategies.
- D.2 Facilitate the development of the mind-body connection.
- D.3 Identify the impacts of screen time as it relates to neurological development.
- D.4 Use tangible supports related to client partnership and apply knowledge of verbal directives to aid in client participation and follow-through.
- D.5 Apply knowledge of limit-setting and the client's level of functioning.
- D.6 Apply knowledge of natural and logical consequences based on client behavior.
- D.7 Adapt the approach to various levels of behavior and address the client's original goal without layering expectations.
- D.8 Identify the root function of behavior.
- D.9 Apply the client's history to a trauma-informed approach.
- D.10 Identify common signs of trauma responses.
- D.11 Apply knowledge of attachment types and related root causes.

E. LEARNING STYLES

Overview: Learn to implement individualized academic planning, group instruction, and differentiated learning for unique needs.

Minimum content duration: 2 hours

- E.1 Apply knowledge of hemispheric dominance and its impact on learning styles
- E.2 Apply principles of relational learning
- E.3 Implement therapeutic activities to address academic abilities and maintain appropriate challenge point.
- E.4 Modify activities to address academic needs.

- E.5 Use therapeutic supports to facilitate academic achievement.
- E.6 Incorporate a fluid learning model into group instruction.
- E.7 Adapt group instruction based on individual client needs.

F. PHYSIOLOGY

Overview: Identify the physiological impacts on health, learning, and behavior as it applies to neurodiverse populations.

Minimum content duration: 1 hour

- F.1 Apply knowledge of the connection between physiological and neurological functioning.
- F.2 Modulate expectations based on physiological factors.

G. DATA COLLECTION

Overview: Understand the importance of data collection and analysis and strategies to complete client-specific data tracking.

Minimum content duration: 1 hour

- G.1 Apply knowledge of data tracking methods and scales.
- G.2 Identify activities that are not at challenge point through the use of data tracking (whether too easy or too challenging).

The following Content Curriculum applies to Evaluator training only:

H. CLIENT EVALUATION & CLIENT RE-EVALUATION

Overview: Learn to conduct initial evaluation functions, including neurodevelopmental assessments, parent/guardian interviews, individualized client program design, and generate associated comprehensive reports. Learn to conduct re-evaluation functioning, including re-evaluation testing and results analysis, generate an associated re-evaluation report development, and complete the corresponding client program updates.

Minimum content duration: 10 hours

- H.1 Perform tactility, auditory/vestibular, visual manual, language, mobility, early reflex integration, auditory/visual sequential processing, auditory/visual working memory, dominance, and emotional-behavioral-relational assessment metrics.
- H.2 Evaluate metrics within the tactility, auditory/vestibular, visual, manual, language, and mobility channels.
- H.3 Evaluate and interpret early reflex, auditory/visual sequential processing, auditory/visual working memory, dominance, emotional-behavioral-relational, and academic assessment results.
- H.4 Consider the client's history when completing assessment metrics to ensure client safety and optimal output.
- H.5 Determine interview questions based on the client's history and interview parents/guardians to collect pertinent information, addressing comments and/or challenges requiring further discussion throughout.
- H.6 Gather assessment information before designing a client program.
- H.7 Develop an individualized client program and train the provider(s) to implement it.
- H.8 Gather pertinent information before developing an Initial Comprehensive Report/Evaluation Findings Report, then develop the report and associated key goals.
- H.9 Determine the client's assessment profile based on their current level of functioning.
- H.10. Complete the re-evaluation assessment metrics corresponding to the client's key goals and areas of focus.
- H.11 Utilize parent/guardian and provider feedback to re-design the client's program.
- H.12 Interpret changes in assessment metric results before developing the re-evaluation report.
- H.13 Develop a Re-Evaluation Comprehensive Report/Evaluation Findings Report, then develop the report and associated key goals.
- H.14 Modify a client's program to address updated key goals and the evaluation findings.
- H.15 Train provider(s) to implement an updated client program.
- H.16 Monitor the client's program for integrity and effectiveness.